1. 1. 1.

PTO/S8/01 (03-01)
Approved for use through 19/31/2002. CHS 0581-0032
U.S. Patent and Trademark Office; U.B. DEPARTMENT OF CONMERCE
to a collection of information unless it contains a valid CMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	SEAG 48089	
		First Named Inventor	Michael A. Seigler	
		COMPLETE IF KNOWN		
		Application Number		
Declaration Submitted with initial Filing  Declaration Submitted after initial Filing (surcharge (37 CFR 1.16 (e))	Filling Date			
	Group Art Unit			
	Examiner Name			

			<del></del>		
As a below named inventor, I he	reby declare that:		······································		
My residence, mailing address, an	My residence, mailing address, and citizenship are as stated below next to my name.				
I believe I am the criginal, first and names are listed below) of the sub	sole inventor (if only on ject matter which is clai	e name is listed below) o med and for which a pate	r an original, first ( Int is sought on the	and joint inventor (if plural a invention entitled:	
METHOD FOR MAKING A MAGNETORESISTIVE SENSOR					
	(Title of t	he Invention)			
the specification of which	•	ŕ			
X is attached hereio	is attached hereto				
OR was filed on (MM/DD/YYYY)		as United St	ates Application N	umber or PCT International	
Application Number	and was	emended on (MM/DD/YY	m	(if applicable).	
I hereby state that I have reviewed and understand the contents of the above identified specification, including the delms, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing data of the prior application and the national or					
PCT international filing date of the	PCT international filing date of the continuation-in-part apparation.				
I hereby claim foreign priority ben or plans breeder's rights cartificat than the United States of Americ patent, inventor's or plant breeds application on which priority is claim	rs rights certinosto(s), q	19(a)-(d) (ir (t), (ir 365(d) 19(a)-(d) (ir (t), (ir (t))-(d) 19(a)-(d) (ir (t))-(d) (ir (t))-(d) 19(a)-(d) (ir (t))-(d) (ir (t))-(d) 19(a)-(d) (ir (t), (ir (t))-(d) 19(a)-(d) (ir (t))-(d) 19(a)-(d) 19	or any longer ap- tion which design by checking the application having	stated at least one country other how, any foreign application for a filing date before that of the	
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DDYYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
Additional foreign application	numbers are listed on a	supplemental priority de	ta sheet PTO/SB/	02B attached hereto:	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Three will very depending upon the needs of the individual case. Any comments on the amount of three you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Tradement Office, Weshington, DC 2005. On some cross one course tradement of the appropriate tradement of the course tradement of t

...

PTO/S&O1 (03-01)
Approved for use through 10/31/2002. OMB 0841-0032
U.S. Pelont and Trademert Officic U.S. BEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persone are required to respond to a collection of information unless it contains a valid CMB control number.

# **DECLARATION** — Utility or Design Patent Application

	Customer N	Lord-er			7 (7) -	
Direct all corresponds	ence to: or Bar Code				OS X Con	respondence address below
	Mahaul B. Lawren		·i vo	_		
Name	Robert P. Lenart,					
	Pietragallo, Bosi One Oxford Centre	CK &	tordon	301	Grant Street	
Address	OHE VALUE GEHELE			<del></del>		
City	Pittsburgh			State	PA	ZIP 15219
Country	UŞ	Telep	hone 412	-263	-4399	412-261-0915
I hereby deciare that are believed to be tr made are punishable		semente Joth, Und				made on information and belief size statements and the like so statements may jeopardize the
NAME OF SOLE	OR FIRST INVENTOR		A petition	hes be	en filed for this un	signed inventor
Given Name Michael Allen Family Name Seigler (Brist and middle [Wany])						
	Muhar Alle	Se	ints			Date 7-25-01
Residence: City	Pittsburgh		State P	PA	Country US	Citizenship US
Malling Address	427 Arden Road					
					45046	Country US
City	Pittsburgh	-	State P/		ZIP 15216	
NAME OF SEC	OND INVENTOR:	<u> </u>	A petition h	as dee	n filed for this unei	SHAC WALKOL
Given Name (first and middle (if	any) Petrus Antonio	us			ily Name Van	Der Heijden
7/25/21			Deta 7/25/01			
	1	T	•••			Nother I and
Residence: City	Jefferson Hills		State PA		Country US	Chizonship Netherlands
Mailing Address	1370 Village Gre	en Dr	ive			
City	Jefferson Hills		State PA		ZIP 15025	Country UA
	ntons are being named on the	1	riomental Arbii	ternal in	ventor(s) sheet(s) PTC	VSE/02A estached hereto.

[Page 2 of 2]

في هزائد ار

Please type a plus eign (+) traids this but

Picases type a plus sign (+) traids this box PTC/85/02A (11-00)
Approved for use through 10/31/2002, OMB 0651-0032
U.S. Palent and Tradsmark Office: U.S. DEPARTMENT OF COMMERCE
Under the Prostrects Reduction Act of 1995, no persons are movined to respect to a collection of information unless it contains a valid OMB control number.

#### **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page \_1\_ of \_1

Name of Additional Joint Inventor, if any:			A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any)	)		Family No	me or \$	umama
Andrew Robert			Ecker	t	
Inventor's Anten Robert	> 4/6	in A	5		Deste 7-25-0/
Residence: City Pittsburgh	State PA	ြင	cuntry US		Citizenship US
Malling Address 125 Calmont Drive	<u> </u>				
Malling Address					
cay Pittsburgh	State PA		zip 15235	Count	y US
Name of Additional Joint Inventor, if ar	ıy:		A petition has been fil	ad for th	is unsigned inventor
Given Name (first and middle [if any	D		Family No	erne or S	umama
inventor's Signature					Date
Residence: City State		c	Country Citizenship		Citizenship
Mailing Address					
Maling Address					
	State		ZIP	Con	intry
Name of Additional Joint Inventor, if a			putition has been file		
Given Name (first and middle [if sny])		Family Name or Sumame			
Inventor's Signature					Date
Residence: City State			Country	<del></del>	Citizenship
Meiling Address					
Melling Address					
City	State		2iP	C	puntry

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will very depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Tradement Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

و جات ال

Please type a plus sign (+) inside this box	<b>→</b>
---	----------

PTO/38/81 (02-01)
Approved for use through 10/31/2002, OMB 0551-0035
Trademark Office: U.S. CEPARTMENT OF COMMERCE

	C'S' harde sign (tablesian prince) prof. and tax indicate at a manufacture.
	The state of the s
Inder the Paperwork Reduction Act of 1995, no persons are required to respon	10 ID W CHIECKENI DI SIMILIMENSI SINGGO II GICENII A "A-A AMA AMA ALINA IIII IIII
BALLIER, THE PARKETS AND TOTAL WITH CITY OF THE PROPERTY OF A LOCAL CONTRACTOR OF A LOCAL CONTRACTOR OF THE PROPERTY OF THE PR	
	/

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Michael Allen Seigler
Title	METHOD FOR MAKING A *
Group Art Unit	
Examiner Name	
Attorney Docket Number	SEAG 48089

* MAGNETORESISTI	VE SENSOR			
i hereby appoint:  X Practitioners at C OR	ustomer Number 29694	Place Customer Number Bar Code Lebel here		
Practitioner(s) na	ned below:			
	Name	Registration Number		
Carol L	Bordas	37,284		
business in the United S	itates Patent and Trademark Offic			
Please change the corre	spondence address for the above led Customer Number.	Place Customer  Number Bar Code Label here		
OR				
Firm or Individual Name	Robert P. Lenart			
Address	Pietragallo, Bosick			
Address	One Oxford Centre. 3	8th Floor, 301 Grant Street		
City	Pittsburgh	State PA Zip 15219		
Country	US	1 440 054 0045		
Telephone	412-263-4399	Fax 412-261-0915		
I am the:  X Applicant/Invent  Assignee of recc  Statement under	ord of the entire interest. See 37 C r 37 CFR 3.73(b) is enclosed. (Fo	am PTOISBI96).		
	SIGNATURE of Applicant or A	Assignee of Record		
Name Michael Allen Seigler				
Signature Muhal allen Segl				
Date	7-25-01			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
03 Total of 3 forms are submitted.				

D) "Total of \_ Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on

PTO/68/81 (02-01)

Approved for use through 10/31/2002. Okrs 0051-0035

U.S. Petent and Tredement Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid CMB control number.

### **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	
Filling Date	
First Named Inventor	Michael Allen Seigler
Title	METHOD FOR MAKING A *
Group Art Unit	
Examiner Name	
Attorney Docket Number	SEAG 48089

\* MAGNETORESISTIVE SENSOR

I hereby appoint:				
<del></del>	ers at Customer Number	Place Customer Number Bar Code Label here		
OR [Y] Repolitions	er(s) named below:			
LAI FIACILLOIR		Registration Number		
Car	Name rol I. Bordas	37.284		
l car	W. J. Bullins			
<del></del>				
<u> </u>	······································			
as my/our attorn	ey(s) or agent(s) to prosecute the	application identified above, and to transact all		
business in the t	United States Patent and Tradem	ark Office connected therewith.		
	he correspondence address for th	e above-identified application to:		
	mentioned Customer Number.			
OR _		Place Customer Number Bar Code		
	s at Customer Number	Label here		
OR				
X Firm or Individual Na	Name Robert P. Lenart			
Address	Pietragallo, Be	osick & Gordon		
Address	One Oxford Cent	re. 38th Floor. 301 Grant Street		
City	Pittsburgh	State PA Zip 15219		
Country	US			
Telephone	412-263-4399	Fex 412-261-0915		
I am the:				
	Vinventor.			
Assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name	Petrus Antonius Van Der Heijden			
Signature				
Date	Date 7/25/0/1			
NOTE: Signatures of all the inventors or assigness of record of the antire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
Of "Total of 3 forms are submitted.				

2 64 ·

St 52 10

Please have a shire sinn (+) inside this box	 口

Under the Papersor's Reduction Act of 1995, no persons are required to resp

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Michael Allen Seigler
Title	METHOD FOR MAKING A *
Group Art Unit	
Examiner Name	
Aftomey Docket Number	SEAG 48089

			IVE	NSOR	

I hereby appoint:		Place Gustomer						
Practitioners at C	sustomer Number 29694	Number Bar Code Label hare						
Practitioner(s) nar	ned below:							
	Name	Recistration Number						
Carol I.	Bordas	37,284						
as my/our attomey(s) or business in the United S	agent(s) to prosecute the application states Patent and Trademark Office o	r identified above, and to transact all connected therewith.						
Please change the corre	spondence address for the above-ide and Customer Number.							
X Firm or individual Name	Robert P. Lenart							
Address	Pietragallo, Bosick & Gordon							
Address	One Oxford Centre, 38th Floor, 301 Grant Street							
City	Pittsburgh	State PA Zip 15219						
Country	US							
Telephone	412-263-4399	Fax 412-261-0915						
I am the:  Applicant/Invento	or. ord of the entire interest. See 37 CFR r 37 CFR 3.73(b) is enclosed. (Form i	(3.71. PTOISB(96).						
	SIGNATURE of Applicant or Assi	gree of Record						
	Name Andrew Robert Eckert							
Name Ar	ndrew Robert Eckert							
Name Ar	idrew Robert Eckert	16						
Signature Date	en Robert Este	4						
Signature Date	2n Robert Gallery Control of the entire internal control of th	rest or their representative(s) are required. Submit multiple						